School Employees Retirement System of Ohio



2027

EXPRESS SCRIPTS

Prescription Drug Coverage Guide

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WELCOME

This guide has information on prescription drug coverage for Aetna plan participants. Express Scripts administers your prescription drug coverage.

FORMULARY

A formulary is a prescription plan's list of covered medications. It is made up of both generic and "preferred" brand-name medications.

Generic medications are comparable to brand-name medications. They are approved by the U.S. Food and Drug Administration and meet the same standards as brand-name medications. However, they usually cost about half as much as brand-name medications.

NON-PREFERRED MEDICATIONS

Non-preferred brand-name medications are not on a plan's formulary. You pay 100% of the cost for these medications.

PRESCRIPTION FILLS

RETAIL PHARMACY

Present your Express Scripts ID card when getting a prescription at a retail pharmacy.

If the cost of the medication is less than the co-pay, you pay the lower cost for the medication. In addition:

- Non-Medicare enrollees pay 100% of the cost for any maintenance medication refills at retail (see Maintenance Refills on page 4).
- Medicare enrollees must use retail pharmacies in the Express Scripts National Medicare Performance Network for coverage (see page 6).
- Only Medicare plan participants can receive a 90-day supply of medication at retail pharmacies.

HOME DELIVERY

Home delivery makes sense for participants who take maintenance medications on a long-term basis.To set up home delivery:

- Contact your doctor. The fastest, easiest way to set up home delivery is to ask your doctor's office to send your maintenance prescriptions electronically to Express Scripts.
- Contact Express Scripts. If you have questions about getting your medication delivered to your home, call a customer service representative at the number on the back of your Express Scripts ID card.

MANAGING YOUR PRESCRIPTIONS ONLINE

You can set up a secure, online account to manage your prescriptions. An online account allows you to:

- Order refills and track the status of orders
- Locate participating retail pharmacies
- Check the co-pay for a particular medication

To set up an account, go to www.express-scripts.com. Have your Express Scripts ID number ready. Follow the on-screen prompts to register.

DOWNLOAD THE MOBILE APP

Search for "Express Scripts" in the Apple App Store or the Google Play Store.



You can order refills, track orders, start automatic refills, view your ID card, and add a reminder to take your medicine.

NON-MEDICARE CO-PAYS

	Retail (34-day supply)	Home Delivery (90-day supply)
Generic	$7.50 co-pay max.	$15 co-pay max.
Preferred brand name	25% of cost (min. $25, max. $100)	25% of cost (min. $45, max. $200)
Specialty medications	25% of cost (min. $25, max. $100) Only certain specialty medications allowed at retail.	25% of cost (min. $15, max. $67 per 30-day supply) Different co-pay amounts apply for medications eligible for SaveOnSP co-pay assistance program.
Non-preferred brand name	No coverage	No coverage
Insulin Only		
Preferred brand name	25% of cost (max. $25)	25% of cost (min. $45, max. $60)
Non-preferred brand name	25% of cost (max. $45)	25% of cost (max. $115)

In the event of a conflict between this information and the plan documents, the plan documents prevail.

MAINTENANCE REFILLS

Maintenance medications are drugs used to treat conditions that are considered chronic. These conditions require regular or daily use of maintenance medications.

Maintenance medications **must** be filled through home delivery. New prescriptions may be filled for the first two times at a retail pharmacy, but all remaining **refills must be obtained through home delivery.**

SPECIALTY MEDICATIONS

Specialty medications typically require special handling, administration, or monitoring. They are used to treat complex and chronic conditions like cancer, multiple sclerosis, and rheumatoid arthritis.

Specialty medications **must** be filled by mail order through Accredo, Express Scripts' specialty pharmacy.

Accredo sends deliveries overnight. The only retail pharmacy exceptions are specialty medications that must be taken within 24 hours of a hospital discharge.

SPECIALTY CO-PAY ASSISTANCE

SERS participates in a co-pay assistance program with SaveOnSP, which takes advantage of funds available from drug manufacturers to lower your cost and the amount that SERS pays.

Accredo determines whether your specialty medication is eligible for co-pay assistance. If it is, you will be contacted by SaveOnSP to enroll and lower your cost to $0. SaveOnSP **only** contacts you if your specialty medication is eligible for this assistance. If you choose not to participate, you will pay a significant co-pay.

The specialty medications in this program are considered non-essential health benefits under the plan, and your co-pay expenses will not be applied toward satisfying the out-of-pocket maximum. If you take a specialty drug that is not included in the co-pay assistance program with SaveOnSP, your prescription will be subject to the specialty medication co-pays on page 4.

NON-PREFERRED MEDICATIONS

Brand-name medications not on the formulary are called “non-preferred.”

You pay 100% of the cost for these medications. In addition, non-preferred medications cannot be filled through mail order and do not count toward your out-of-pocket maximum.

Insulin is an exception. Both preferred and non-preferred insulin brands are covered.

If you have a medical reason for taking a non-preferred brand medication, you can request to receive it at the preferred cost. Your prescriber must file a **Coverage Determination Request** on your behalf with Express Scripts and provide a statement supporting the request. Express Scripts then reviews the request and sends you and your prescriber a determination.

PREFERRED GLUCOSE TEST STRIPS AND METERS

Preferred-brand glucose test strips are available without a co-pay. You also can get a blood glucose meter at no charge to use with the preferred-brand test strips.

Non-Medicare participants should call Express Scripts’ customer service number to ask which test strips and meters are free.

MEDICARE CO-PAYS

	Retail Network (34-day supply)	Home Delivery (90-day supply)
Generic	$7.50 co-pay max.	$15 co-pay max.
Preferred brand name	25% of cost (min. $25, max. $100)	25% of cost (min. $45, max. $200)
Specialty medications	25% of cost (min. $25, max. $100)	25% of cost (min. $15, max. $67 per 30-day supply)
Non-preferred brand name	No coverage	No coverage
	Insulin Only	
Preferred brand name	25% of cost (max. $25)	25% of cost (min. $45, max. $60)
Non-preferred brand name	25% of cost (max. $35)	25% of cost (max. $90)

In the event of a conflict between this information and the plan documents, the plan documents prevail.

EXPRESS SCRIPTS NATIONAL MEDICARE PERFORMANCE NETWORK

The Express Scripts National Medicare Performance Network is a coverage requirement for Medicare enrollees.

Enrollees must use retail pharmacies within the network or Express Scripts mail order for coverage.

Participating pharmacies include CVS, Kroger, Walgreens, Walmart and many more.

Enrollees filling prescriptions at a non-network pharmacy will pay 100% of the cost.

For more information on network pharmacies, create an account at www.express-scripts.com. Once logged in, click on “Prescriptions” and then “Find a Pharmacy,” or, you can call Express Scripts’ Customer Service at 866-258-5819. (TDD: 800-716-3231) SERS does not maintain a list.

NON-PREFERRED MEDICATIONS

Brand-name medications not on the formulary are called “non-preferred.” You pay 100% of the cost for these medications.

In addition, non-preferred medications cannot be filled through mail order and do not count toward your out-of-pocket maximum.

Insulin is an exception. Both preferred and non-preferred insulin brands are covered.

If you have a medical reason for taking a non-preferred brand medication, you can request to receive it at the preferred cost. Your prescriber must file a **Coverage Determination Request** on your behalf with Express Scripts and provide a statement supporting the request. Express Scripts then reviews the request, and sends you and your prescriber a determination.

MEDICARE PART B MEDICATIONS AND SUPPLIES

Medications and supplies covered by Medicare Part B are billed through your Aetna Medicare[SM] Plan (PPO) rather than through Express Scripts.

Your medical plan covers glucose testing strips, meters, and lancets.

The medications listed below are covered by either your medical or prescription drug plan:

- Immune suppression medications, such as Imuran
- Nebulizer medications, such as Albuterol
- Oral anti-nausea medications, such as Zofran
- Oral chemotherapy medications, such as Methotrexate

To determine which plan covers the cost, Aetna Medicare PPO and Express Scripts review the situation under which the medication is prescribed.

GLUCOSE METERS, TEST STRIPS, AND LANCETS

Medicare participants should use their Aetna Medicare card for test strips, lancets, and meters at no charge.

Contact Aetna’s Customer Service number on the back of your ID card to learn what test strips and meters are covered.

COVERAGE RULES FOR ALL PLANS

There are other coverage rules that may affect you:

- **Prior Authorization**
- **Quantity Limits**
- **Step Therapy**
- **Compounded Medications**

You can refer to the formulary documents to determine whether a coverage rule applies to a specific medication or contact Express Scripts' Customer Service.

- If a drug has the abbreviation "PA" shown, means that the drug requires a prior authorization.
- If the list shows the letters "QL," that means the quantity of a drug may limit the amount prescribed.
- If the list shows the letters "ST," that means that Step Therapy is required.

Formularies can be found on the SERS website under Retirees, Health Care, Plans and Premiums. The web address is: www.ohsers.org/retirees/health-care/plans-and-premiums.

PRIOR AUTHORIZATION

Some medications are covered only for certain uses. Your doctor may need to provide additional information to Express Scripts, which can delay the processing of your prescription.

You will be told when prior authorization is needed to fill a prescription. You will be given a special number for your doctor to call. Many doctors can provide information electronically to Express Scripts without a phone call. Express Scripts will make several attempts to contact your doctor before notifying you that they cannot fill the prescription.

Express Scripts will review the information your doctor provided, and will let you and your doctor know its decision. If you are denied coverage, you will be provided information on how to file an appeal.

Medicare plan participants with prior authorization questions should call Express Scripts at 866-258-5819.

Non-Medicare plan participants should call 866-685-2791.

QUANTITY LIMITS

Federal regulations sometimes limit the amount of a medication you can get at one time. If your prescription exceeds these quantities, you will be notified.

Medications for pain management, such as oxycodone, hydrocodone, fentanyl, Valium, or Xanax, have quantity limits. Other medications also may have quantity limits.

STEP THERAPY

You must try one or more similar, lower cost medications before the plan will cover the more expensive prescribed medication.

Step Therapy is used for certain medications prescribed to treat conditions, such as arthritis, high blood pressure, and high cholesterol.

New prescriptions are subject to Step Therapy. If you choose to have the prescription filled without trying Step Therapy, you will pay 100% of the cost of the prescription.

STEP 1: Step 1 medications are recommended for you to take first.

You pay the lowest co-pay for these medications. If you have previously tried a Step 1 medication, and you and your doctor decide this medication is not appropriate for you, then your doctor can prescribe a Step 2 medication.

STEP 2: Step 2 medications are preferred brand-name medications.

These medications are recommended only if a Step 1 medication does not work. Step 2 medications are more expensive.

Your pharmacy will be alerted when a prescription is subject to Step Therapy. You will be given an Express Scripts telephone number that you should give to your doctor.

You can appeal Express Scripts' initial determination to follow the recommended Step Therapy medication. If you are denied, Express Scripts will provide you with information on how to file an appeal.

COMPOUNDED MEDICATIONS

"Compounding" is when a pharmacist combines or mixes medicines to create a medication for an individual based on a prescription from a doctor. For example, a compounded medication may be made for someone who cannot swallow a pill and needs a medicine in liquid form that is not otherwise available.

Compounded medications are not approved by the Food and Drug Administration (FDA), so there is no way to confirm their quality, safety, and effectiveness. However, they may be used if an FDA-approved, commercially available drug does not work for you.

All compounded medications are reviewed by Express Scripts. Some compounds may not be covered based on specific clinical criteria. You have the right to appeal any denial of coverage.

PRESCRIPTIONS NOT COVERED

This is a partial list of situations or types of prescriptions not covered:

- Medications dispensed in a hospital; they are typically covered under your medical plan
- Prescriptions covered by Workers' Compensation
- Prescriptions for fertility, erectile dysfunction, or cosmetic purposes
- Over-the-counter medications, and herbal or homeopathic preparations
- Non-preferred medications
- Repackaged prescriptions
- Durable Medical Equipment, certain vaccines, and diagnostic testing agents
- Maintenance medication refills at a retail pharmacy for non-Medicare plans only

Call Express Scripts with questions about whether a medication is covered.

CONTACT INFORMATION

Express Scripts
www.express-scripts.com

Medicare
866-258-5819
TDD: 800-716-3231

Non-Medicare
866-685-2791
TDD: 800-759-1089

Aetna Choice POS II and Aetna Traditional Choice plans
aetnaresource.com/p/new_SERS-Commercial-Plan-Microsite
800-826-6259
TDD: 711

Aetna Medicare℠ Plan (PPO)
SERS.AetnaMedicare.com
866-282-0631
TDD: 711



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